

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stand Deceived 6 5 1 1 5

MAY 02 2016 

		September 1	
Refund:	Amount Paid:	Date:	Permit #:
	5.9.16	5-9-16	16-0085

INSTRUCTIONS: No permits will be issued until all fees are paid.  Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	Bayfield Co. Zoning Dept	Refund:	
TYPE OF PERMIT REQUESTED— 🕨   NIAND USE 🛭 SANITARY 🖺 PRIVY 🗏 CONDITIONAL USE 🗎 SPECIAL USE	IITARY 🗆 PRIVY 🗀 CONDITIONAL U	SE 🗆 SPECIALUSE 🗆 B.I	о.а. 🗆 отні
Owner's Name:	Mailing Address: , i / City/State/Zip:	e/Zip:	Telephone:

Secretarial Staff			Rec'd for Issuance	Secretarial Staff				Gommercial Use				K Residential Use			Proposed Use	Proposea Construction:	Existing Structure: (				6100,	<u> </u>		7	Value at Time of Completion * include donated time &	S-Non-Shoreland		Shoreland —		Section 33	NW 1/4, S	LOCATION	12/8	Authorized Agent: (Perso	Contractor:	52350 Bird	Troy A & Daire A	Omeoge plane.
		70F94 2000	Ce U		×									□ □ Pr		On:	f permit being ap		Property	Run a Business on	☐ Relocate (existing bldg)	Addition/Alteration	New Construction		Project			] Is Property/Lar	] is Property/Lar Preek or Landwa	, Township	5W 1/4	Legal Description:		n Signing Application	7	Catio		
Other: (explain)	Conditional Use: (explain)	perial lise: (avalaia)	Accessory Building Addition/Alteration (specify)	Accessory Building (s	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or	with Attacl	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	wii	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)			Existing Structure: (if permit being applied for is relevant to it)		☐ Foundation	s on 📋 No Basement	ng bidg) Basement	<del>-</del>	1	7	# of Stories and/or basement			$\square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	45 N, Range 9	Chora Crort	(Use Tax Statemer		(Person Signing Application on behalf of Owner(s))		カロ	J. Comercial Com	
	in)		dition/Alterati	(specify)		tured date)		with Attached Garage	)eck		orch	5		cabin, hunting shack, etc.)	Propos	Lengin:			ion	ment		_		7	ies ement		it yescontinue	ake, Pond or Flo	ver, Stream (incl. Intermittent)  If yescontinue	*	<u>{</u>	12	DINI- (73 digita)	Agent Phone:	Contractor Phone:	City/State/Zip:	Mailing Addre	Pariling Address.
			on (specify)		Attached D		ng quarters, <u>or</u>							property)	Proposed Structure	16						Tear sound			Use		tinue	7		Darives	T C C C C C C C C C C C C C C C C C C C	0-48-09-	_	Age		5	52350 BICHLER	
Western T.			6		Deck Teck		☐ cooking & f							E						□ None		2			# of bedrooms			Distance Structure	Distance Structure	S.	rods) wo.	33-302		nt Mailing Add	Plumber:	272		Carlo
					rri		☐ sleeping quarters, or ☐ cooking & food prep facilities)									Andru: / (		None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or			Aminin	Sew			ture is from Shoreline :	ture is from Shoreline :	mission action action action of the physical mass and action acti	Diocuta) No.	- 000 - 20000		Agent Mailing Address (include City/State/Zip):		W	Qalluo on	And the state of t
_		-	<u> </u>	_	( (	(	(8	)	(	_		^	(			6			oilet	/service c	۷ ا	viete) Spe		?	What Type of wer/Sanitary Sys		ieet	reline:	reline : feet	FOL 3KE	Japan Sign	Valume V	Becorded	State/Zip):	-		w 50/57	
×	×	×	. ×		(>'× )€	×	×	×	×	×	×	×	×	××	Dimensions		I I			ontract)	Vaulted (mir	Specify Type: _	oify Type:		What Type of Sewer/Sanitary System Is on the property?		7	<b>≼</b> □	Is Prop			V-745	d Dorument				<del>V</del>	- 0
_		-		_	, )		)	_	)	-		)	_		-	Height: VO	7			***************************************	Vaulted (min 200 gallon)						7.40	⊠ Yes	Is Property in A	Active age	<u> </u>	1742 Page(s) 7.23	□ Yes □ No	Written Authorization Attached	Plumber Phone:	Cell Phone:		Tokophono:
					193										Square Footage				1	E			₹ City	}	Water		8	□ γes	Are Wetland Present?	100		23	do Ownershir	orization	ne:		$\sim$ $\sim$ $\simeq$	

Attach

Copy of Tax Statement

ff you recently purchased the property send your Recorded Deed

高.

Address to send permit

Authorized Agent:

(If you

signing on behalf of the owner(s) a letter of authorization must accompany this

application)

Date

Date

2

on the Deed All Owners must sign or letter(s) obsurborization must accompany this application)

Owner(s):

Jan.

200

(If there are Multiple Ow

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying op Asis information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Iby the Planning & Zoning Dept.    Weasurement   Feet   Fe	Description  Description  Lake (ordinary high-water may River, Stream, Creek Bank or Bluff  Lake (ordinary high-water may River, Stream, Creek Bank or Bluff  Clase (ordinary high-water may River, Stream, Creek Bank or Bluff  Pes No Feet of the property  dplain field (DF). Holding Tank (HT)  Affidation of the property Burveyed Property Surveyed Property	Measurement  J&D Feet Setback from the Feet Setback from the Department by use of a corrected compass from the Date of Issuance is wo Family Dwelling. Alt. Municipalities Are Reason for Denial:  Permit Date: 5-9-6  Sanitary Number: 4797-889  Reason for Denial:  Permit Date: 5-9-6  No Mitigation Required seback from the Date of Issuance is wo Frederal agencies may a sanitary Number: 4797-889  Inspected by: 9-7-889  Inspected by: 9-7-889  Hold For Affidavit: 9-7-889  Hold For Affidavit: 9-7-889	Setbacks: (measured to the closest point)  Setbacks: (measured road  Description  Measureme   Measureme  Measureme  Measureme  Measureme  Measureme  Measureme	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest portion the Established Right-of-Way  Setback from the Centerline of Platted Road  Setback from the South Lot Line  Setback from the South Lot Line  Setback to Drain Field  Setback to Drain Field  Setback to Drain Field  Setback to Privy (Portable, Company surveyed corner or marked by a literated surveyor at the owner's fror to the platement or construction of a structure when the (10) feet of the minute of the previously surveyed corner to the other previously surveyed corner to marked by a literated surveyor at the owner's registeries.  (9) Stake or Mark Proposed Location(s).  NOTICE: All Land Use Permits Exfort The Construction of New One & Two The local Town, The local Town, Stauance Information (County Use Only)  Salisuance Information (County Use Only)  Is Parcel in Common Ownership Is Structure Non-Conforming  Was Proposed Building Site Delineated  Was Proposed Building Site Delineated  Was Proposed Building Site Delineated  Was Proposed Used Wyes   No Language   No Lang
	roperty (regardless of what you are applying for)  Proposed Construction  North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road)  All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)  (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%	ction  Yan  Yan  Frontage Road (Name Frires on your Property  aptic Tank (ST); (*) Drain Fic  (*) Stream/Creek; or (*) Pc  Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Briveway and (*) Fro All Existing Structures o (*) Well (W); (*) Septic (*) Well (W); (*) Siver; (*) Si (*) Wetlands; or (*) Slo	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*): (8) Show any (*): (9) Show: (1) Show any (*): (1) Show any (*): (2) Priveway and (*) Frontage Road (Name Front Research of the property of the

## Bayfield County, WI



Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 **Bayfield County** 

> BAYFIELD COUNTY, WISCONSIN APPLICATION FOR PERMIT

¥75

Jampingac Weed [2]

Bayfeed Co. Zoning Dept. TAY 04 23 6

2

ررس Date:

Permit #: Refund: Amount Paid: 25.0 5-12-16 6 8 6

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED  $\rightarrow$  | A LAND USE | SANITARY | PRIVY | CONDITIONAL USE Owner's Name: | Mailing Address: | Mailing Address: | Land USE | Sanitary | Mailing Address: | Land USE | Sanitary | Mailing Address: | Land USE | Sanitary | Department | City/State/2 X o y Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: 5 \* include donated time & Non-Shoreland Authorized Agent: Address of Property: W. of Completion Value at Time I (we) declare that this application.(
am (are) responsible for the detail is
may be a result of Bayfield County
above described propeds an area. Proposed Use 15,000 Shoreland M PROJECT LOCATION Municipal Use Commercial Use Residential Use Recid Section N L D Secretarial Staff and for Issuar 3,2 (Pe Relocate (existing bldg)
Run a Business on
Property ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.—continue Legal Description: (Use Tax Statement) 2 ☐ Is Property/Land within 300 feet of River, Stream (Inc. Inte Creek or Landward side of Floodplain? If yes---continu Judith New Construction Conversion . , Township **6** 0 int C Project <  $\Box$ S Other: Accessory Building Addition/Alteration (specify) Special Use: (explain) Residence (i.e. cabin, hunting shack, etc. Wobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, Principal Structure (first structure on property) FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES ray accompanying information) has been examined by me (us) and to/the best of my (our) knowledge and belief it is true, correct and companying information) has been examined by me (us) and to/the best of my (our) indetermining whether to issue a permit information I (we) am (are) providing and that it will be relief d upon by Bayfield County in determining whether to issue a permit information I (we) am (are) providing and that it will be relief d upon by Bayfield County in determining whether to its sue a permit information I (we) am (are) providing and that it will be relief d upon by Bayfield County in determining whether to its sue a permit when the control of the Conditional Use: (explain) Accessory Building Addition/Alteration (specify) 75 Walcox N, Range with a Porch with (2<sup>nd</sup>) Porch and/or basement with Attached Garage with (2<sup>nd</sup>) Deck with a Deck with Loft Basement No Basement Foundation 2-Story 1-Story + Loft 1-Story # of Stories Lot(s) 2 04 PIN: Agent Phone: Contractor Phone: City/State/Zip: ≨ ; (23 dig  $\square$  sleeping quarters, or  $\square$  cooking & food prep facilities) **Proposed Structure** Length: Length: **™** □ continue Year Round Seasonal 2-45-09-32-1 02-000-50000 Use 9 nittent) B 힣 Plumber: Agent Wailing Address (include City/State/Zip): Distance Structure is from Shoreline: bedrooms Distance Structure is from Shoreline: None N **약** # City/State/Zip: £. 100 Width: Width: di None Block(s) No. Portable (w/service contract) Sanitary (Exists) Specify Type: Sepo 7: c Privy (Pit) or D Vaulted (min 200 gallon) Municipal/City Spr Compost Toilet (New) Sanitary Š SPECIAL USE Ŧ What Type of Sewer/Sanitary System Is on the property? Volume Recorded Document: (i.e. feet R3 Specify Type: Dimensions complete. I (we) acknowledge that I (we) ermit. I (we) further accept flability which county ordinances to have access to the Is Property in Floodplain Zone?

Pes
No do □ B.O.A. C. 2 ×  $\times$ × × × ×  $\times$  $|\times|\times|\times|\times|$ Height: Height: Telephone: Cell Phone: Plumber Phone: Attached Written Authorization Yes I No e. Property Ov Page(s) OTHER Are Wetlands
Present?
□ Yes
※ No Square Footage 2 **⊘** Well Water (S.) Ju Nership) City

Attach
Copy of Tax Statement
Copy of Your Recorded Deed

Date

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter of authorization

must

accompany

this

application)

send permit

Owner(s):

(If there

are Multi

the Beed All Ow

or letter(s)

P

Date J. W. M.

cany this application)

old For TBA:		must get apc	145 x 70	Date of Inspection: 47. 6 Inspected by: Condition(s):Town, Committee or Board Conditions Attached? ☐ Yes	OK	Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)  Ores No Case #:	Is Parcel a Sub-Standard Lot	Permit #: $16-6087$ Permit Date:	Permit Denied (Date):  Reason for Denial:	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (STI). Drain field (DF), Holding Tank (HTI). Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  The local Town, Village, City, State or Federal agencies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the bord one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known marked by a licensed surveyor at the owner's expense.	Prior to the placement or construction of a structure within ten [10] feet of the minimum requirements of the mini	Setback to Privy (Portable Composting)	Sorbook to Sontin Took on Holding Took	Setback from the West Lot Line 40		ght-of-Way	Setback from the Centerline of Platted Road 155	Description Measurement	Please complete (1) – (7) above (prior to continuing)  (8) Setbacks: (measured to the closest point)	See Attached	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (9) Show any (*): (1) Show any (*): (1) Show any (*): (2) Show Location of (*): (3) Show Location of (*): (4) North (N) on Plot Plan (5) Frontage Road (Name Frontage Road) (8) Frontage Road (Name Frontage Road) (9) Frontage Road (Name Frontage Road) (1) Show and (*): (1) Show Location of: (1) Show Location of: (1) Show Location of: (1) Proposed Construction (*) Driveway and (*) Frontage Road (Name Frontage Road)
Hold For Affidavit:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Were	Previou	No Mitigati	5-10-10	70 9 258 Denial:	onstruction, Septic T (1) Year from the Date (1) Year from the Date welling: ALL Municipa ity, State or Federal ag mher: A	y (30) feet from the minimur partment by use of a correct	ired setback, the boundary lir			Feet Eleva				ment		÷	n Frontage Road (Name Froson your Property s on your Property ic Tank (ST); (*) Drain Fie Stream/Creek; or (*) Po lopes over 20%
Hold				(If No they/need to be attached.)		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.)  ☐ Yes INO	Mitigation Required	0		ank (ST), Drain fi of Issuance if Co lities Are Required gencies may also i	n required setback, the ed compass from a kno	dary line from which the setback must be	Serback to Meli	TOWN OF VIOLE	20% Slope Area on property Elevation of Floodplain	Setback from Wetland	Setback from the River, Stream, Creek Setback from the Bank or Bluff	ack from the Lak	10	Change		Frontage Road) Field (DF); (*) H ) Pond
Hold For Fees:				d.)		Represented by Owner Was Property Surveyed	ariance (B.O.A	□ Yes ZNo			in field (DF), Ho Construction or Construction or ired To Enforce Iso require perm	e boundary line from the boundary line from the second sec	ack must be mea			property ain	nd .	er, Stream, nk or Bluff	ce (ordinary	Description	s in plans m		olding Tank
						y Owner surveyed	Case				Iding Tank Use has n The Unifor its.	om which the S00 feet of th	measured must be					Creek	nigh-wate		ıst be app		(HT) and/
	Date of Approval:			Date of Re-Inspection:	Zoning District Lakes Classification (	AYes Javes	**	Affidavit Required Affidavit Attached		_ O		undary line from which the setback must be measured must be visible from corner within 500 feet of the proposed site of the structure, or must be	visible from ane previous			Yes			er mark)		roved by the Plann		or (*)
	oval: <i>S\d\</i> }}			ction:	on (/22)	□ No		□ Yes - 13No □ Yes - <del>13</del> No		70.03	nd <u>Well</u> (W).	ed must be visible from ructure, or must be	one previously surveyed corner to the	1 664	Eor+	Yes No		Feet	Feet	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		

## MAP OF SURVEY

LOCATED IN THE NW 1/4 - NE 1/4 OF SECTION 32, T. 45 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN

(S 89°33' E) S 89'04'44" E 330.48 (330.14') SEC. 32 N 1/4 COR.

SURVEYOR'S CERTIFICATE

I. JASON R. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY

THAT ON THE ORDER OF JEFF AND JUDY WILCOX, I HAVE SURVEYED AND MAPPED A PARCEL OF LAND LOCATED IN THE NW 1/4 - NE 1/4 OF SECTION 32, T. 45 N., R. 9 W., IN THE TOWN OF PARTY BY THE COUNTY, WISCONSIN;

THAT THIS WAR IS A TRUE APPRESENTATION OF SAID SURVEY; AND

THAT SAID SURVEY; AND

NELSON OF SAID SURVEY; AND

NELSON OF SAID SURVEY; AND

NELSON OF SAID SURVEY; AND

PROPERTY DESCRIPTION

A PARCEL OF LAND LOCATED IN THE NW 1/4 - NE 1/4 OF SECTION 32, T. 45 N., R. 9 W.. IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS:

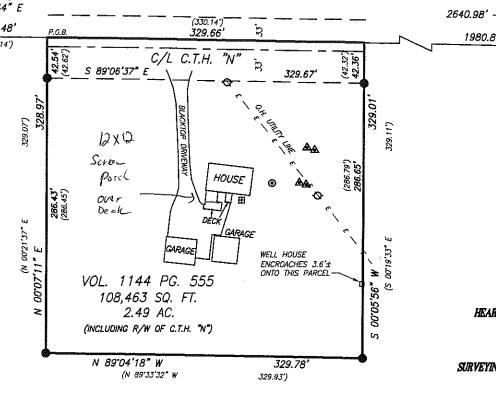
TO LOCATE THE POINT OF BEGINNING, COMMENCE AT A GIN SPIKE AT THE NORTH 1/4 CORNER OF SAID SECTION 32 AND RUN S 89"04"44" E. 330.48 FEET ON THE NORTH LINE OF SAID SECTION 32 TO THE POINT OF BEGINNING:

THENCE FROM SAID POINT OF BEGINNING BY METES AND BOUNDS:

CONTINUE ON SAID NORTH LINE, S 89°04'44" E, 329.66 FEET; THENCE LEAVING SAID NORTH LINE, S 00°05'56" W. 329.01 FEET, PASSING THROUGH A 1-1/4" IRON PIPE ON THE SOUTH RIGHT OF WAY LINE OF C.T.H. "N" AT 42.36 FEET, TO A 1-1/4" IRON PIPE: THENCE N 89'04'18" W, 329.78 FEET TO A 1-1/4" IRON PIPE; THENCE N 00"07"11" E, 328.97 FEET, PASSING THROUGH A 1-1/4" IRON PIPE ON THE SOUTH RIGHT OF WAY LINE OF C.T.H. "N" AT 286.43 FEET. TO THE POINT OF BEGINNING.

SAID PARCEL CONTAINS 108,463 SQUARE FEET, WHICH IS 2.49 ACRES, INCLUDING THAT LAND LYING IN THE RIGHT OF WAY OF C.T.H. "N":

SAID PARCEL IS SUBJECT TO EASEMENTS, RESTRICTIONS, RESERVATIONS AND RIGHTS OF WAY OF RECORD OR USE, IF ANY.

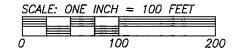


HEART OF THE NORTH SURVEYING OF HAYWARD INC

1980.84"

SEC. 32 NE COR.

BEARINGS ARE REFERENCED TO THE NORTH LINE OF THE NE 1/4 OF SEC. 32 ASSUMED TO REAR S 89"04"44" E



- FOUND 1-1/4" IRON PIPE, UNLESS NOTED
- ( ) RECORDED DATA -1989 PLAT OF SURVEY PLS 1029
- **EEI** WELL
- SEPTIC COVER
- **▲** SEPTIC VENT O UTILITY POLE

JEFF AND JUDY WILCOX FILE: M/T45NR9W DRAFTED BY: JRN

FILE: H16\_052 JOB NO.: H16/052 NB. B-25A PG. 105 DATE: 4/12/16 SCALE: ONE INCH = 100 FEET

HEART OF THE NORTH SURVEYING OF HAYWARD. INC.

10339N DUFFY ROAD HAYWARD, WI 54843 PH: 715/634-2442 FAX: 715/634-6444 WWW.HONSURVEYING.COM

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, MISCONSIN

Date Shamp (Received)

APR 182016

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co... Zoning Dept

	Refund:		
5-13-16			`
SZ-CA	Amount Paid:		
5.13.16	Date:	<i>)</i>	
16.0094	Permit #:		2
	20 C 2 2	\$700 \$700 \$700	

wiedge that I (we) cept liability which save access to the	complete. I (we) acknowledge that I (we) rmit. I (we) further accept liability which county ordinances to have access to the	ering e a pe	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and (are) providing and that it will be relied upon by <b>Bayfield County</b> in determining whether to issue and (are) providing and that it will be relied upon by <b>Bayfield County</b> in determining whether to issue and (are) providing and that it will be relied upon by <b>Bayfield County</b> in determining whether to issue and (are) providing and that it will be relied upon by <b>Bayfield County</b> in determining whether to have a consent to county officials charged with administ	WITHOUT A PERIV best of my (our) kno on by Bayfield Cou	ING CONSTRUCTION I ed by me (us) and to the nd that it will be relied up to with this annilization. I	OBTAIN A PERMIT or START by information) has been examination (lee) and (area) providing an or of the characteristics of the characterist	FAILURE TO ing any accompanying any accompanying curacy of all information.	s application (includ	I (we) declare that thi am (are) responsible
Q51	(2/2) X	2	of Cabin	east side	rck too	olain) Add I	Other: (explain)	Sorratarial Staff	Sorration
	I I					Conditional Use: (explain)	Conditiona		
	×					special Use: (explain)	Special Us		s in in
	>			441	teration (specify)	Accessory Building Addition/Alteration	Accessory	Rec'd for Issuance	Rec'd for
	×			,		Building (specify)		T" T	Municipal Use
OAdd	×		Sin Koom	Ting I'm Se	Vault Coil	(specify)	Addition/Alteration	×	
100					)	ed d	Mobile Ho		
	× )		cooking & food prep facilities)		🗍 sleeping quarters, <u>or</u>	Bunkhouse w/ (□ sanitary, or □	Bunkhous		
	х )	(			ge	with Attached Garage		Use	Commercial Use
	× )					with (2 <sup>nd</sup> ) Deck			
	× ;					with a Deck			
	×   ^					with a Porch		Use	X Residential Use
	< ×					with Loft			
	×				ack, etc.)	(i.e. cabin, hunting shack, etc.)	Residence		
Footage	× ;			q	ture on property)	Principal Structure (first structure on monerty)	Dringing! S		Proposed Use
Square	Dimensions	Dime			oposed Christian				
18/1	Height:	7	Width: 60 6	ft	Length: 48		ing applied for	e: (If permit be	Existing Structure: (If permit being applied for is relevant to it) Proposed Construction:
			None						
						☐ Foundation		Property	
	ct)	ce contract)	Portable (v	□ None		□ No Basement	iness on	Run a Business on	
	Vaulted (min 200 gallon)	Vaulter	□ Priw (Pit) or □	[] [		Rasement	(avieting hide)	Belocate (avisting hide)	2000
□ Sancii	Type:	Specify T	Sanitary (Exists) Specify Type:	2	Year Kound	1-Story + Loft	Alteration	XAddition/Alteration	<b>\$</b>
□ City	no.	Specific To	Municipal/City	12/	1	1-Story	-	☐ New Construction	
									donated time & material
Water	≥ of / System pertv?	What Type of wer/Sanitary Syste	What Type Sewer/Sanitary Is on the prot	# of bedrooms	Use	# of Stories and/or basement	ect	Project	Value at Time of Completion *include
									Non-Shoreland
Z No	SNO	et		1	continue	If yes	A score of the		
	☐Yes		ture is from Shoreline:	Distance Structure		Lake.	v/Land within	☐ Is Propert	XShoreland →
Are Wetland Present?	ls Property in Floodplain Zone?	<del>-</del>	ture is from Shoreline :	Distance Structure	(incl. Intermittent)	S Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes	到5 Property/Land within 300 feet of F Creek or Landward side of Floodplain?	₩S Propert	
<i>6</i>	6	1 6	FOL 0150	15	Barn	N, Range W	2	Township	Section 2
	Arres	70		2	4	)	N. V.	1/4	1/4,
910 Page(s) 218	Page(s)	g	OS 025-S22 Volume  Block(s) No. Subdivisi	09-02-3 c	101 & Page	(Use Tax Statement) 04-004		Legal Description:	PROJECT LOCATION
d No perty Ownership	Attached  ☐ Yes A		Recorded	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE				0	
Written Authorization	Written	p):	Agent Mailing Address (include City/State/Zip):	ent Mailing Add	-		(Person Signing Application on behalf of Owner(s))	erson Signing Applic	red Agent:
Phone:	Plumber Phone:			Plumber:	) Se	Contract		,	Contractor:
64-34-6564	CH J		1	is di	State/Zip:	City/State/Zip:		0	Address of Property:
	348	88	orcaran Mi	PUS C	Busty	6316		hucovs)	-
le:	Telephone:		City/State/Zip:	City/s	IV¥	JSE SANITARY PR	6 LAND USE	EQUESTED—	TYPE OF PERMIT REQUESTED—  Dwner's Name:
OTHER	33		יייים יוויקטבטוען ווע	A INCIDENT				CHONONIE	NOI SIARI CONSIR

950 2500

DELKAPPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE Attach
Copy of Tax Statement
ed the property send your Recorded Deed Owner(s):

(If there are Multiple

Owners listed on the Deed  $\underline{\mathsf{All}}$  Owners must sign  $\underline{\mathsf{or}}$  letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the

owner(s) a letter

of authorization must accompany this application)

S. Carcowayan Mr. 555

OFTCONTHI

Mh

りから

Date

Date

0

1

Address to send permit

63/6

20/51